1279. Barriers to Acquiring Pre-Exposure Prophylaxis (PrEP), Risk Factors for HIV and Health Determinants in Adult Transgender Individuals

Daniel Sanchez, BSc[1];
Jessica Conklin, PharmD, PhC, BCACP, CDE, AAHIVP[2];
Matthew Borrego, PhD, MS, RPh[2];
Cheyenne Newsome, PharmD, PhC, BCACP[3];
Renee C. Mercier, PharmD, PhD, BCPS-ID, FCCP[1]; [1]College of Pharmacy, University of New Mexico, Albuquerque, New Mexico; [2]University of New Mexico, Albuquerque, New Mexico; [3]Washington State University College of Pharmacy, Spokane, Washington,

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Background. Transgender women face many health disparities including higher rates of acquiring Human Immunodeficiency Virus (HIV). The prevalence of HIV in the transgender population is 14.1% with 31% of this population engaging in sex work. PrEP is an effective method to prevent HIV acquisition. With transgender women among the highest risk in acquiring HIV, this study aimed to describe the transgender population while identifying risk factors for acquiring HIV and barriers transgender females face in acquiring PrEP.

Methods. An IRB approved, cross-sectional study utilized an electronic questionnaire administered to 54 people at a community resource center who specializes in the care for transgender individuals between January and April 2019. Using a pre-questionnaire survey, participants were eligible for inclusion if they were deemed at high risk for acquiring HIV. A second survey was given to those who were deemed high risk and met the inclusion criteria (≥18 years old). Survey questions inquired about the individuals' high-risk behaviors, social determinants of health and knowledge about PrEP. Descriptive statistics were used for data analysis.

Results. Of the 54 participants, 51 individuals met inclusion for enrollment. Two of the enrolled people were excluded due to incomplete surveys. Of the 49 individuals who completed the study, 43 of the participants had a gender identity other than their assigned sex. Nearly half of the people in this study were American Indian. Over 60% of the cohort had sex for money or other goods. Depression was reported by 71% of participants while homelessness by 59%. Approximately 69% were aware of PrEP however 70.8% had never taken PrEP. When asked about HIV risk, 41.7% felt that they were not at risk for HIV and chose not to take PrEP. Lack of self-awareness of HIV risk factors was the predominant barrier to PrEP.

Conclusion. This is, to the best of our knowledge, the first study to describe a significant proportion of transgender individuals of American Indian heritage who are at high-risk for HIV. Participants were aware of PrEP however despite high-risk behaviors they underestimated their risks and few took PrEP. Negative health determinants were reported in the majority of participants.

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1280. A Pharmacist-led PrEP Program at the Epicenter of the HIV Epidemic in Atlanta; Our Experience

Bradley L. Smith, PharmD, AAHIVP[1]; Allison M. Hester, PharmD[1];
Valeria D. Cantos, MD[2]; Tiffany R. James, CPhT[1]; Meredith H. Lora, MD[3]; [1]Grady Health System, Decatur, Georgia; [2]Emory University College of Medicine, Atlanta, Georgia; [3]Grady Health System, Emory University College of Medicine, Atlanta, Georgia

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Background. Atlanta, GA ranks third in the nation for highest rates of new HIV diagnoses, disproportionally affecting Black men and women. Pre-exposure prophylaxis (PrEP) is underutilized in this population due to multiple barriers to uptake, including limited access to PrEP delivery programs. The advantages of a primary pharmacy-led PrEP program include: relatively low service fees, perform and assess point-of-care testing, and provide adherence counseling. Similar programs across the United States have been shown to effectively increase PrEP uptake and optimize retention in care. Grady Health System (GHS), the fifth largest public hospital system in the United States, is located at the epicenter of the HIV epidemic: downtown Atlanta. It encompasses 11 different primary care clinics, accounting for 850,000 outpatient visits per year. In August 2018, we launched a developmental pilot of a GHS pharmacy-based tele-PrEP program, aiming to optimize PrEP access for vulnerable populations who would otherwise not be able to obtain it. PrEP services are provided directly to the community and through a consultative support program for all clinical sites within the GHS system. The key pilot interventions included developing a user-friendly electronic medical record (EMR)-based PrEP order sets and brief provider education interventions in 6 GHS primary care clinics, to increase PrEP awareness among non-HIV clinicians.

Methods. We conducted a retrospective process evaluation of the pilot PrEP program based on the PrEP continuum of care.

Results. Over 9 months, 95 referrals were received from providers within the GHS clinics. Of the 95 patients referred, 56 (59%) started PrEP. Two patients were started on post-exposure prophylaxis prior to initiation of PrEP. Forty-five patients (81%) remain on PrEP as of April 2019. Six clients were diagnosed with 9 STIs on screening (4 syphilis, 2 gonorrhea, 2 chlamydia, 1 lymphogranuloma venereum). There have been no HIV seroconversions in patients on PrEP.

Conclusion. Utilizing a pharmacy-based PrEP program to train and support clinical providers in a large, hospital system can facilitate PrEP uptake and retention for patients in primary care.

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1281. Awareness of U=U Among Gay and Bisexual Men Who Have Sex with Men

Meredith E. Clement, MD[1]; Rick Zimmerman, PhD[2]; Josh Grimm, PhD[3];
Joseph Schwartz, PhD[4]; [1]Louisiana State University Health Sciences Center - New Orleans, New Orleans, Louisiana; [2]Louisiana State University Health New Orleans School of Nursing, New Orleans, Louisiana; [3]Louisiana State University, Baton Rouge, Louisiana; [4]Northeastern University, Boston, Massachusetts

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Background. The "Undetectable = Untransmittable" ("U=U") campaign is gaining traction, but prior studies from 2012–2017 have shown that the proportion of gay and bisexual men who have sex with men (GBMSM) who are aware of or have perceived accuracy of U=U is low. We report findings from a survey administered to GBMSM in 2018 to understand whether the landscape is changing with respect to U=U message dissemination.

Methods. GBMSM were recruited on gay dating apps to complete a 96 question survey. Survey data were collected in April-August of 2018. Collected data elements included demographic information, HIV status, ART and PrEP use, and beliefs and opinions regarding HIV transmission.

Results. 969 GBMSM completed the survey; of whom, 678 had analyzable data (241 had never had anal sex with a man and 54 were missing ≥1 of the variables used in the analysis). Average age was 43 years, 65% were white, 15% black, 15% white, and 15% were HIV-infected (of whom 92% were on anti-retrovirals). Of the 85% who were HIV-uninfected, 39% were on PrEP. In response to the statement that a person with an undetectable viral load cannot transmit HIV to an HIV-uninfected person, 24% strongly agreed. Among HIV-negative GBMSM, 33% of those on PrEP agreed and 12% of those not on PrEP agreed. Among those living with HIV, 42% agreed. A multivariable logistic regression was run to explain correlates of strong agreement with U=U, using the following variables: age, education, being Black, being Hispanic, relationship status, number of lifetime male sexual partners, condom use with most recent anal sex, HIV status, PrEP use, and attitudes about living with HIV. Variables associated with strong agreement with U=U were living with HIV (AOR = 1.63, $P < 0.001$), taking PrEP (AOR = 2.85, $P < 0.001$), most recent encounter's condom use (AOR = 2.22, $P = 0.003$), and having positive attitudes about living with HIV (AOR= 1.93, $P < 0.001$). Table 1 shows percentages for each of these variables (bivariate relationships) strongly agreeing with U=U.

Conclusion. Now that U=U has been scientifically proven, the challenge is public awareness. U=U awareness seems to be improving among GBMSM, with HIV-negative GBMSM making the greatest strides. Education around U=U and PrEP efficacy may help reduce guilt around HIV transmission and alleviate HIV stigma.

Table 1. Proportion of those agreeing with U=U by Respondent Characteristics

Respondent Characteristic	Value/ Category	% Strongly Agreeing with U=U
Condom use (last encounter)	Used	12.6%
	Did not use	27.7%
HIV status	HIV-infected	44.2%
	HIV-uninfected	18.8%
PrEP use	Taking PrEP	32.9%
	Not taking PrEP	12.0%
Attitudes about HIV Scale	Negative attitudes	12.5%
	Positive attitudes	27.1%

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1282. A Major Hurdle for HIV Elimination: How Do We Promote Pre-Exposure Prophylaxis Persistence among Men Who Have Sex with Men in the Deep South?

Ronnie M. Gravett, MD; Andrew O. Westfall, MS; Kachina Kudroff, MPH;
Edgar T. Overton, MD; Jeanne Marrazzo, MD, MPH; University of Alabama at Birmingham, Birmingham, Alabama

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Background. Pre-Exposure Prophylaxis (PrEP) effectively prevents HIV acquisition in men who have sex with men (MSM), if taken appropriately. Effective PrEP requires persistence in PrEP care. We defined the PrEP care continuum in a Deep South PrEP clinic and examined factors related to persistence in care among MSM.

Methods. We reviewed data for MSM at a university-affiliated PrEP clinic in Birmingham, AL from 2014–2018 to define the PrEP continuum at five major steps: screening, initial visit, follow-up visit, current persistence, and self-reported adherence. We defined persistence as attending a PrEP clinic visit in the last 6 months and nonpersistence as prior attendance without a visit in the last 6 months. We compared demographics, insurance status, and patient-reported behaviors from initial and most recent visits between those who persisted ("persisters") and did not ("non-persisters") using Wilcoxon rank sum, chi-square, or Fisher's exact test.

Results. 226 (100%) MSM were screened, 141 (62%) MSM attended an initial visit, 116 (51%) MSM attended follow-up, 43 (19.0%) persisted in PrEP care, and 29 (13%) MSM self-reported good adherence (figure). Among 139 MSM (46 persisters, 93 nonpersisters), persisters were older than nonpersisters (33 vs. 32 yr, $P = 0.03$), and were less likely to report inconsistent condom use at their initial visit (48% vs. 73%; $P = 0.01$) as compared with their last visit (69% vs. 63%, $P = 0.13$). 23% of persisters and 29% of nonpersisters were black ($P = 0.39$), and 98% of persisters and 90% of nonpersisters were insured ($P = 0.50$). 60% of persisters and 74% of nonpersisters had multiple sex partners at initial visit ($P = 0.19$) as compared with 56% and 60% at their last visit, respectively ($P = 0.83$).

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